

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/532819

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		6				
4		0				
5	/					
6		/				
7						
8		0				
9		/				
10		/				
11	/					
12		/				
13		/				
14		/				
15		/				
16		/				
17		2				
18		0				
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50						
TOTAL IND.	3					
TOTAL DEP.	18					
TOTAL CLAIMS	21					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						